VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER
(For Faculty)

Jan. 8, 2025
Date

Name	: **CHRISTOPHER A. LLONES**	Signature
Designation	: Asst. Prof. IV	
Destination	: UPLB, Los Banos	
Date of Travel	: Jan. 13-17, 2025	
Purpose	: To attend the Future Thinking and Foresight Training Workshop.	

Total Expenses: _____

Source of Funds Faculty Dev. Fund

Transportation: [ ] University Vehicle
[x] Public Conveyance

Noted/Verified:

ZYRA MAY H. CENTINO
Office Head/Immediate Supervisor

RECOMMENDING APPROVAL:

MARK C. RATILLA
College Dean

In-charge of funds (If other than the
Dept/Office Head)

VP for Research & Extension   **ROTACIO S. GRAVOSO**
Vice Pres. Academic Affairs

APPROVED:

PROSE IVY G. YEPES
President

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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

[ ] Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19

[ ] Invitation from the organizer of the activity/conference/ meeting (if applicable)

[ ] Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable)

[ ] Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs enroute to the destination

[ ] Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip

[ ] Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme

[ ] Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme

[ ] Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct:

_____
Name of Travelling Employee

Noted/verified except Clearance from Nurse :

_____
Name of Office Head/Supervisor